## THE ARMY SCHOOL SYSTEM (TASS) **UNIT PRE-EXECUTION CHECKLIST**

(FOR USE OF THIS FORM SEE TRADOC REG 350-18; PROPONENT DCSOPS&T, TASSD)

Please print or type.												
1. NAME		2. LAST FOUR:										
3. UNIT:		4. DOR:										
5. COUR	SE TITLE	: 6. REPORT DATE:										
First line leader's initials.	Soldier' s initials	PART I – UNIT PRE-EXECUTION (D-90 TO D-1)										
		Coordination between customer unit and TASS unit to identify the Soldier by name?										
		Soldier in receipt of school/course information?										
		ad ahead packets/prerequisite testing complete? (if applicable)										
		All required clothing/equipment IAW school/course information packet?										
		Soldier demonstrated physical fitness requirement on diagnostic test administered within 30 days of scheduled departure for school? (As required)										
		Soldier meets standards of AR 600-9?										
		Transportation requirements completed?										
		Adequate cash/traveler checks/Government Credit Card?										
		Individual orders received?										
		Individual has current periodic physical (within 5 years)?										
		Individual meets remaining TIS requirements?										
		School mailing address/telephone numbers received? (For family)										
		Ten (10) copies of orders?										
		Transportation verified/approved (ticket picked up)?										
		ID tags (1 pair)?										
		If applicable: Soldier requiring corrective lenses has a set of military prescription eyeglasses and protective mask inserts?										
		Notify Soldier of requirement to take PFT and be weighed as required?										
Unit POC CDR: B: 1SG: B: FTM: B: Unit POC Unit POC	( ) ( ) ( ) FAX:: (	H: ( ) H: ( ) H: ( )										

			PA	ART I	I – ROL	ITINE	PRI	EREQUI	SITES							
TASK		RE	GULA	TION	I DATA			SOLDIER DATA								
Minimum Aptitude Score (ASVAB)	СО	CL	FA		GM	М	M	СО	Cl	-	FA	GM		ММ		
(if applicable)	OF	EL	S	С	ST	G	Т	OF	El	- !	SC		ST	GT		
Color vision requirements (if applicable)	equirements (if															
Physical demand rating/profile	Р	U	L	Н	E		s	Р	U	L	L H		E	s		
(PULHES) *See Part III for P/T profiles																
Prerequisite phase/course attendance (if applicable)	School Code Course completed  Date of completion Phase completed															
Military and civilia Military license no Civilian license no	umber:	e operat	tor licen	se(s) (		ble) Expirati Expirati										
			P	ART	III – RE	QUIR	ED [	OCUM	ENTS							
Security clearance	e (if app	licable,	attach a	s requ	ired)											
*Permanent profi Form 3349 (must have a copy of a	include	an Army	doctor-	-appro	ved alter	nate ae	robic	event for	the APF	T). TPU/	Γraditio	nal G	Guardsr	nen must		
All required waive	ers (if ap	plicable)	)													
Other requiremen	nts (if ap	plicable)														
OTHER REQUIR	EMENT	S OF DA	A PAM 6	611-21	NOT PE	EVIOL	JSLY	LISTED:								
Is Soldier a previous Hot Weather Injury (HWI)? Y/N When? Profile?																
Is Soldier a previous Cold Weather Injury (CWI)? Y/N When? Profile?																
Other requiremen	` '	, , , , , , , , , , , , , , , , , , ,														
Other requiremen	` '															
Other requiremen																
I have been coun course and class successful compl	will not	pose an	y known	hards										e at this		
Students Signat	ure:									D	ate:					
I have reviewed the Soldier on the												ourse	e, coun	seled		
Commanding Officer (typed name) Date:																
Signature:																